

## Request for Routine Maintenance Form

Tenant to complete and submit this form to the agency

AGENCY					
NAME OF A	AGENCY:			PROPERTY MANAGER:	
Elders Real Estate Curra Country				Sandra Fox	
ADDRESS:	Shon 1 B	irdwood Drive			
	Onop I B	navious Billo			
SUBURB:	GUNALD			STATE: QLD POSTCODE: 4570	
PHONE:		MOBILE:	FAX:	EMAIL:	
07 5484 6	755		07 5484 6734	rentals@elderscurracountry.com.au	
TENANTS					
DDODEDT	/ ADDRESS:				
PROPERTI	ADDRESS.				<del></del>
	SUBURB:			STATE: POSTCODE:	
NAME OF T	TENANT/S:				
PHONE:		MOBILE:	FAX:	EMAIL:	
				=	
PHONE:		MOBILE:	FAX:	EMAIL:	
PHONE:		MOBILE:	FAX:	EMAIL:	
				-	
PHONE:		MOBILE:	FAX:	EMAIL:	
		·		required and any further information deemed relevant to this m	atter.
for the sole	e purpose o s. _	f gaining access	to the property in order to	of my/our name and contact details onto tradespeople/contractors complete any required maintenance and or quotes as per the Lessor	
I/we	Consent	Do no	ot consent	← Please select one	
date and e	entry time. A	actors gaining er Iternative arrang	ntry to the property by usi ements via appointment o	ng keys supplied by the office only after I/we have been notified of a uring business hours can be otherwise arranged with the	
irauespers	on direct.				
SIGNATUR					
			Date:	Date:	
	ES		Date:		
SIGNATUR	ES				
SIGNATUR	ES				
SIGNATUR Tenant/s:	ES		Date:	Tenant/s:Date:	
SIGNATUR	ES			Tenant/s:Date:	

INITIALS